

AREA PLAN BUDGET

AREA AGENCY ON AGING\_\_\_\_\_

BUDGET PERIOD\_\_\_\_\_

☐

ORIGINAL BUDGET

PSA NO. \_\_\_\_\_

☐

REVISION NUMBER: \_\_\_\_\_

DATE \_\_\_\_\_

I hereby certify to the best of my knowledge and belief that this Area Plan Budget reflects the necessary, reasonable, and allowable costs to attain the objectives and goals expressed in the Area Plan. I further certify that this budget was reviewed by the Advisory Council and approved by the Board of Directors; that the budget was available for review by all interested parties and that the amounts displayed are accurate and correct including supporting schedules.

SIGNATURE OF AREA AGENCY DIRECTOR

PRINTED NAME

DATE

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FOR STATE USE ONLY

AAA-BASED TEAM ANALYST

DATE

TEAM COACH

DATE

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